



June 20, 2018

Web Announcement 1618

Drug Use Review (DUR) Board Approves Changes Effective May 7, 2018

The Nevada Medicaid Drug Use Review (DUR) Board met on October 19, 2017, and voted to adopt the following changes, which were effective May 7, 2018:

Drug Class/Program	Changes
Xolair® (Omalizumab)	Updated prior authorization to include ages down to 6 years old
Austedo® (Deutetrabenazine)	Added prior authorization criteria
Brineura® (Cerliponase Alfa)	Added prior authorization criteria
Ingrezza® (Valbenazine)	Added prior authorization criteria
Emflaza® (Deflazacort)	Added prior authorization criteria
Xadago® (Safinamide)	Added prior authorization criteria
Codeine, codeine with acetaminophen, Tramadol and Tramadol with acetaminophen	Added prior authorization criteria for children under 18 years of age